510(K) SUMMARY

9 2000 FEB

K992930

his summary of 510(k) safety and effectiveness information is being submitted in accordance with the requirements of SMDA and 21 CFR §807.92

1. Submitter's Name: **BIOTEQUE CORPORATION**

Address:

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Contact:

Mr. William Lee (General Manager)

2. Device Name

Trade Name:

BIOTEQUE HEMODIALYSIS BLOOD TUBING SET

Common Name:

HEMODIALYSIS BLOOD TUBING SET

Classification name: SET, TUBING, BLOOD, WITH AND WITHOUT ANTI-REGURGITATION

VALVE

Classification: 3.

Class II

Predicate Device:

FRESENIUS DISPOSABLE BLOOD LINES (K853851)

Device Description: 5.

Bioteque Hemodialysis Blood Tubing Set, consists of Arterial Line & Venous Line, is used as the conduit through which blood is taken from the patient, delivered to the dialyzer, and returned to the patient during dialysis therapy.

Intended Use:

■ INTENDED USE:

The BIOTEQUE Hemodialysis Blood Tubing Set(Models BT-102A, BT-102B and BT-190) is intended to serve as a conduit through which blood is taken from the patient, delivered to the dialyzer, and returned to the patient during hemodialysis therapy. The device is intended to be used for patients suffering from renal disease only.

USERS TO INSTALL THE DEVICE:

Trained nurses or the doctors.

ENVIRONMENT FOR THE DEVICE TO BE USED:

The hemodialysis center.

SPECIAL NOTES:

The hemodialysis blood tubing sets must be installed by trained nurses and doctors.

The patients can not influence the use of the device.

Page Revision

7. Performance Summary: In terms of Physical specification, Chemical specification, Biological specification & Sterilization Specification, the device conforms to applicable standards included ISO 10993 series, ISO 11607-1, ISO 11135, USP Pyrogenic standards & related standards----etc.

8. Conclusions:

The BIOTEQUE HEMODIALYSIS BLOOD TUBING SET have the same intended use and similar technological characteristics as the FRESENIUS DISPOSABLE BLOOD LINES (K853851). Moreover, bench testing contained in this submission demonstrate that any differences in their technological characteristics do not raise any new questions of safety or effectiveness. Thus, the BIOTEQUE HEMODIALYSIS BLOOD TUBING SET is substantially equivalent to the predicate devices.





FEB 9 2000

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Bioteque Corporation c/o Mr. Allen Reich Harvest Consulting, Inc. 900 N. Switzer Canyon Dr., #142 Flaggstaff, AZ 86001 Re: K992930

Bioteq[®] Hemodialysis Blood Tubing Sets Models BT-102A; BT-102B; and, BT-190

Dated: December 11, 1999 Received: December 14, 1999

Regulatory Class: II

21 CFR §876.5820/Procode: 78 FJK

Dear Mr. Reich:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the <u>Code of Federal Regulations</u>, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in witro diagnostic devices), please contact the Office of Compliance at (301) 594-4613. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597, or at its internet address "http://www.fda.gov/cdrh/dsma/dsmamain.html".

Sincerely yours

CAPT Daniel G. Schultz, M.D.

Acting Director, Division of Reproductive,

Abdominal, Ear, Nose and Throat,

and Radiological Devices Office of Device Evaluation Center for Devices and

Radiological Health

Enclosure

510 (k)	NUMBER	. (IF KNOWN): K992930	
DEVICE	ENAME:	BIOTEQ Hemodialysis Blood Tubing Set BIOTEQUE CORPORATION	
INDICA	TIONS FOR	R USE:	
BT-190) delivered	is intended I to the dialy	odialysis Blood Tubing Set (Models BT-102A, BT-102B, and to serve as a conduit through which blood is taken from the patient yzer, and returned to the patient during hemodialysis therapy. The be used for patients suffering from renal disease only.	•
(PLEAS NEEDE		WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE	E IF
Conc	currence of (CDRH, Office of Device Evaluation	-
Prescript (Per 21 (ion Use CFR 801.109	OR Over-The-Counter (Optional Format) (Division Sign-Off) Division of Reproductive, Abdominal, ENT, and Radiological Devices 510(k) Number 1992930	

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